The meeting was called to order at 10.20 a.m.

CONSIDERATION OF REPORTS:

(a) REPORTS SUBMITTED BY STATES PARTIES IN ACCORDANCE WITH ARTICLES 16 AND 17 OF THE COVENANT (agenda item 6) (continued)

Third periodic report of Portugal (E/1994/104/Add.20); core document (HRI/CORE/1/Add.20); country profile (E/C.12/CA/POR.1); list of issues (E/C.12/Q/POR/1); written replies by the Portuguese Government (HR/CESCR/NONE/2000/2) (continued)

1. After a discussion in which Mr. WIMER, Mr. TIKHONOV, Mr. SADI, Mr. TEXIER, Mr. GRISSA, Mr. KOUZNETSOV, Mr. CEVILLE, Mr. ANTANOVICH, Mr. HUNT, Mr. CEAUSU and Mr. RIEDEL took part, the CHAIRPERSON read out the note verbale in which the Permanent Mission of Portugal informed the Committee that the Portuguese delegation in charge of presenting the report and replying to questions would not be able to do so, in view of the workload arising from Portugal's Presidency of the European Union. The Portuguese Government had therefore requested that consideration of its third periodic report be postponed to a later date.

SUBSTANTIVE ISSUES ARISING IN THE IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS (agenda item 3) (continued)

Draft general comment 14 on the right to the highest attainable standard of health (art. 12 of the Covenant) (HR/CESCR/2000/NONE/6)

2. Mr. RIEDEL reviewed the main issues raised at an informal meeting of the working group in charge of preparing the draft general comment on the right to health, which would be submitted shortly to the Committee. The key points requiring further consideration or clarification had been identified in the course of a productive discussion.

3. It had generally been agreed that the right to health should be better identified in the light of the definition given in other international instruments, such as the Convention on the Rights of the Child.

4. Under the normative content of article 12, the suggestion had been made to specify what was meant by primary, secondary and tertiary health care. The participants at the meeting had also agreed that a distinction should be drawn between public health and health care, concepts which were not always understood in the same way in different cultures. A general term was therefore needed to cover all possible interpretations. While it was difficult to give a more specific definition of the right to health, a preliminary draft had been prepared at the meeting on the basis of a consensus. Due consideration had also been given to essential conditions for health, which some public health specialists referred to as the underlying "determinants of health", such as access to safe and potable water and adequate sanitation, adequate supply of food and nutrition and housing.

5. The next topic to be discussed had been States parties' obligations, which consisted in the first place in taking steps to ensure progressively the full realization of the right to health. Among the various obligations, namely to respect, to protect, to fulfil and to promote, the emphasis should be placed, as advocated by WHO, on the "obligation to promote", which entailed ensuring the provision of health services and supporting people in making informed choices about health.

6. With regard to violations, the question of what acts of commission or omission constituted violations of the right to health was left undecided and Committee members would be informed as soon as further progress had been made on the issue.

7. On the question of limitations, he said that public health issues were often used by States as grounds for restricting the exercise of other fundamental rights. As far as the Covenant was concerned, however, the limitations referred to in relation to public health were intended not to restrict but to protect fundamental rights, a point which the draft general comment would emphasize.

8. The group's discussion had continued on special topics of broad application, including non-discrimination and equal treatment, particularly with regard to women, children and older persons. It had been agreed that special measures should be adopted for those categories.

9. Lastly, the group had considered the complex issue of verifiable benchmarks which could be monitored on a national and international level, but it appeared that it was still too soon to take such a system into consideration.

10. Clearly the draft was still open to amendment. He invited members of the Committee to submit written proposals on any matter they wished to raise and which had not been discussed during consideration of the draft.

The public part of the meeting rose at 11.15 a.m.